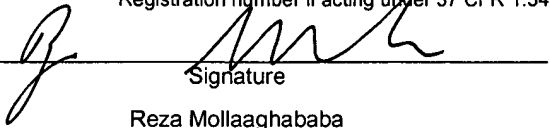


PTO/SB/22 (06-04)

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|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |            | Docket Number (Optional)<br>102689-0045   |           |
| Application Number<br>09/637,800-Conf. #8629  |            | Filed<br>August 11, 2000                  |           |
| For <b>PROCESSING NETWORK MANAGEMENT DATA IN ACCORDANCE WITH METADATA FILES</b>   |            |   |           |
| Art Unit<br>2157  |            | Examiner<br>S. Halim                      |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$110.00   | \$55.00                                   | \$        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$420.00   | \$210.00                                  | \$        |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$950.00   | \$475.00                                  | \$ 475.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1,480.00 | \$740.00                                  | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2,010.00 | \$1,005.00                                | \$        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141449</u> . I have enclosed a duplicate copy of this sheet.                      |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) <u>43,810</u>   |            |   |           |
| <br>Signature  |            | <u>September 15, 2004</u><br>Date         |           |
| <u>Reza Mollaaghababa</u><br>Typed or printed name  |            | <u>(617) 439-2000</u><br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below  |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |

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**Three Month Request for Extension of Time Under 37 CFR 1.136(a)**  
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 15, 2004

Signature:  (Reza Mollaaghababa)